

# Town of Sidney

44 Grand Street  
Sidney, NY 13838

607-561-2334

## OWNER INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

## DOG INFORMATION:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dog's name \_\_\_\_\_ Dog's Sex  M  F

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

## FEE SCHEDULE FOR LICENSES (checks payable to Sheila R. Paul/Town Clerk)

Neutered/Spayed \_\_\_\_\_ \$6

Unneutered/Unspayed \_\_\_\_\_ \$15

Replacement ID Tag \_\_\_\_\_ \$3

**Must include a copy of a current rabies vaccination and proof of neutering/  
spaying for all new license or renewal license if rabies has expired.**

## RABIES IMMUNIZATION

Vaccination Date: \_\_\_\_\_

Vaccination Exp. Date: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Serial#: \_\_\_\_\_